Dominion Medical Monthly, July, 1917:

The Presidential Address, Ontario Medical Association	A. Dalton Smith.
Trench shin an infectious febrositis	G. Chambers.

The Canada Lancet, July, 1917:

Some observations on the use of diuretics in nephritis	H. A. Christian.
The established value of radium as a therapeutic agent	W. H. B. Aikins.
False systems of healing. No. 1, Christian Science	J. Ferguson.

The Public Health Journal, July, 1917:

Poliomyelitis	H. W. Hill.
Clinical studies of infantile paralysis	E. J. Durocher.
Public health in the average town: Ways and means of conducting	C. A. Patterson.
Practical points in the enforcement of regulations and the difficulties of the medical officer of health	H. Ross.
How can a rural municipality employ a public health nurse?	J. F. Hanly.
Overcrowding—Why is it tolerated?	T. Watson.

Medical Societies

SASKATCHEWAN MEDICAL ASSOCIATION

THE tenth annual convention of the Saskatchewan Medical Association opened in Saskatoon on the morning of July 17th, Dr. R. Holden Love, of Saskatoon, being in the presidential chair. About sixty members were in attendance.

Dr. M. M. Seymour, commissioner of public health, spoke of the importance of administering antitoxin in cases of diphtheria if possible on the first day of illness, and Dr. S. H. Corrigan, of Lampman, gave an interesting account of "Obstetrical difficulties in country practice". The afternoon session was opened by Pro-

fessor Boyd, of the University of Manitoba, whose subject was "Vaccines, their use and abuse". This paper was followed by one on "Uterine hæmorrhages at the period of the menopause", by Dr. F. A. Corbett, of Regina. Dr. Mathers, of Winnipeg, gave an interesting paper on "Chronic indigestion". In the evening the members were taken on an automobile drive through the city, which was followed by the annual banquet, at which Dr. H. D. Weaver, president of the Saskatoon Medical Society, presided. During the course of the evening Dr. Rutherford proposed the toast to the Empire, which "stood and fought for the ideals of human liberty and freedom". Speaking of the contribution made by Canada during the present war, Dr. Rutherford referred to the spirit of comradeship that had arisen amongst the troops from the various Dominions, a comradeship that would endure long after the war was over. Dr. Dakin, replying, said that the word Empire had gained significance since the war, whereas it had been previously merely an abstract thing to the average Canadian. In speaking on the toast to "Our Country", Dr. J. R. Macdonald said that whereas the Roman Empire had comprised one hundred and twenty million people the population of the British Empire was four hundred million. Canadians were proud of their part in the Empire and were proud of the men who had gone overseas to sacrifice their lives for those at home. He thought that the national consciousness should be aroused; too little pride was taken by Canadians in their country and he thought this was due to the fact that education was provincial rather than national. Dr. Wordell said there had been three great aristocracies in the world, the Greek aristocracy of the intellect, the aristocracy of birth in Europe, and the aristocracy of wealth in the United States. He would like to see in Canada an aristocracy of service.

The next day the first part of the morning was devoted to clinics in the General Hospital under Dr. A. L. Lynch, and in St. Paul's Hospital under Dr. G. R. Peterson. These were followed by a series of motion pictures shown in the Victoria Theatre, which depicted operations by Drs. Albee and Erdman of New York, and Dr. Howard Kelly, of Baltimore. It was the first time that the films had been exhibited in this country and they were watched with the greatest interest.

As the afternoon session a number of interesting papers were read, the first being by Dr. V. Black, of Moose Jaw, entitled "Appendicitis, when to operate." Dr. W. A. Dakin, superintendent of hospitals at Regina, speaking on the subject of "Municipal

hospitals" pointed out the importance of standardizing the buildings and equipment of these hospitals. Dr. Harold Alexander, of Saskatoon, gave a paper on "Gastric lesions", which was accompanied by lantern demonstrations.

The officers elected for the year 1917-1918 were: Honorary president, Dr. Turnbull, of Moose Jaw; president, Dr. Graham, of Swift Current; first vice-president, Dr. V. Black, of Moose Jaw; second vice-president, Dr. Macmillan, of Prince Albert. Executive committee: Dr. Bawden and Dr. Wordell, of Moose Jaw; and Dr. Stewart, of North Battleford.

THE MONTREAL MEDICO-CHURURGICAL SOCIETY

THE twelfth regular meeting of the society was held Friday, March 16th, 1917, Dr. W. S. Morrow, president, in the chair.

PATHOLOGICAL SPECIMENS: Series by Dr. Horst Oertel.

1. This first specimen shows a rather unusual result of a septic thrombo-arteritis of the brachial artery. It concerns a woman confined five days before she developed symptoms of puerperal sepsis followed by a septic thrombosis of the right brachial artery. As a result sloughing of the arm and hand occurred below the thrombus in the form of an unusual and very complete, connected, desquamation of the skin over the whole hand and fingers, almost of glove-like shape and appearance. After treatment by multiple incisions, which, by the way, led to discovery of the thrombosis in the brachial artery, the woman made an uninterrupted recovery.

2. The second specimen is a tumour of the ovary which I present especially for the purpose of emphasizing the limitations of pure histological diagnosis in surgical specimens. There is perhaps not another organ which offers so many difficulties in the question of malignancy as the ovary in its growths. And these difficulties are accentuated when only parts of these are submitted for microscopic examination. I refer particularly to the papilliferous cystadenomata of the ovary. These are not at all infrequent pelvic tumours in females and they are made up of multilocular small and large cysts filled by a characteristic secretion of the so-called pseudo-mucin. Now it is at times difficult to decide from the histological picture alone whether we are dealing with a progressive, malignant tumour or with a strictly local benign tumour.

In this case we were anatomically unable to decide the question whether, in any way, the tumour conformed in greater degree to the criteria of benign growths. It was well limited, although partly adherent to surrounding structures of the pelvis and it consisted of well developed, mostly small mucoid cysts. Microscopically it does not display any of the features which we consider usually characteristic of malignancy. There does not exist excessive or irregular proliferation of the lining epithelium, no particular active or pronounced papillomatous growth into the cyst cavities; the cells themselves appear not atypical; they form only one well developed, lining layer on a basement membrane through which they do not break inside or outside of the cyst. They are a high, mucin-secreting, cylindrical epithelium. Between these cysts is a well matured, good looking, fibrillar connective tissue stroma. Histologically the tumour could therefore be regarded as benign. However, clinically, the growth behaved very differently. There, I am informed, it grows much beyond its own boundary; it has become attached to and invades and extends within the peritoneum. Biologically, therefore, the tumour carries the properties of an infiltrating malignant growth. This is a matter which is difficult to understand on simple histological grounds and features, but is not absolutely unknown to occur. As we learn more about tumours particularly of the genitals and of some of the ductless glands, we find that biological and morphological characters do not always go hand in hand and that, therefore, the diagnosis is not always expressed in morphological terms and methods of growth. It is true that a large number of them display grossly all necessary morphological evidences of malignancy; but there is an inconvenient number of others, and these are peculiarly interesting and misleading, which do not show these features, at least not as plainly as we expect. We must, therefore, be very careful in translating unhesitatingly histological terms into biological characters. Frequently specimens are submitted to the pathologist without any clinical findings, with the idea that it is not wise to prejudice or bias the opinion of the pathological anatomist. But it must be remembered that the histological findings are, like others, only evidence of unequal and relative value whose importance is, by no means, absolute; in themselves, therefore, they are not always of sufficient weight to determine the diagnosis.

Dr. Oertel's remarks were followed by a demonstration of the tumour, with slides.

DISCUSSION: Dr. W. W. Chipman: What Dr. Oertel has said simply illustrates the truth that where we clinicians need the microscope most it very often fails us. This case was definitely clinically malignant. She was aged seventy and came into hospital suffering from an enlarged abdomen and more or less showed all the signs of a wasting disease. On opening, the whole peritoneal cavity was full of this gelatinous material. This cyst grew from the left side and showed that it had definitely previously ruptured. That is, although the acini were simply lined by this single layer of epithelium there must have been a penetration associated with this growth of the epithelium as the capsule was definitely transgressed to the extent of rupture. The whole peritoneal cavity was filled with this gelatinous material—much more than the cyst could have held—so that after its extrusion from the cyst, multiplications and increase must have gone on. In other words this material must have in itself life, and once fixed on any peritoneal surface it grows. The omentum was represented by a large discoid shaped mass, four inches thick, simply permeated with this growth. The stomach was connected to it, so were all the bowels and the parietal peritoneum swollen; the capsules of the liver and spleen were, to the touch, definitely thickened. Accordingly the growth is clinical but with all the ear marks of malignancy; it has within itself a low-grade vitality which enables it to perpetuate itself, to grow upon a serous surface. The whole point has been mentioned by Dr. Oertel when he says that mere morphology does not give the life history of a tumour, does not give its biology. It would follow that the biology of a tumour is after all the essential thing and that cannot be expressed in mere terms of morphology, that according to the microscope deals only with morphology, and in so far as it only does that it must of necessity fall short of clearing up the exact nature of any given tumour. Sometimes rather parallel and yet contradictory are those tumours of the appendix, the adenocarcinomata, which morphologically are definitely malignant and yet clinically are so often innocent. Dr. Keenan collected a series of tumours, the size of a cherry or plum, which definitely are morphologically malignant and yet clinically in so far as we are able to follow the history, are definitely innocent.

Dr. Oertel: I do not want to be misunderstood that the microscope is of no value in surgical diagnosis. It is of great value, but its importance is relative with the clinical evidence and not absolutely determining. I believe, therefore, with Dr. Chipman, that

the morphology alone is at times, and unfortunately often, when we are most anxious to have definite information, insufficient for an accurate diagnosis. I myself, feel that I do not wish to make a surgical diagnosis on morphological grounds alone in the majority of cases which are submitted to me. Reliable clinical information, which really is biological observation, is most helpful, often essential, for reliable deductions. As far as these ovarian tumours are concerned we may perhaps differentiate them from the metastasing malignant tumours. They do not display the same high tendency to get into the lymphatics and blood vessels to be carried to different parts of the organism and there to set up tumour foci. They show, however, a great tendency to transplantation and that, probably, by the method which Dr. Chipman has described. The amount of mucoid material which is produced in these individual cysts becomes excessive, they are put under high pressure, possibly burst, and empty into the peritoneal cavity. With this cells become dislocated; they are readily transplanted to serous surfaces and in this way gradually progress and generalize by continuity and transplantation. Still it must be admitted that these tumours thereby become malignant, they destroy life, and although they may lack the power of true metastases, their method of spreading is as fatal.

As far as the tumours of the appendix are concerned it is very possible that a great many of these are not true tumours at all, but simply developmental dislocations of embryonic mucous membrane which has been isolated and, in the changed environment, retains morphologically a somewhat undifferentiated appearance, remaining embryonic gland tissue. Such foci need not grow, but may of course become later the starting point of tumours.

PAPER: The paper of the evening was read by Dr. A. H. Gordon who took as his subject, "A reason for symptoms," bringing out the fact that many physicians will not take the time thoroughly to examine their patients but will often accept the patient's diagnosis of "rheumatism", "run down," etc., and class many cases as "neurasthenia", when a thorough and painstaking examination would often reveal organic disease.

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